

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
CANDIDATE COMMITTEE

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

(b) Committee Name:

(c) Mailing Address:

(d) Phone (Bus) (Res)

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☐ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third
☐ 2nd Preliminary Primary ☐ Short Form ¹ ☐ Second ☐ Fourth
☐ Final Primary
☐ Preliminary General
☐ Final Election Period
☐ Supplemental

REPORTING PERIOD

through

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD ² TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period ²		
2. Cash on Hand at the Beginning of this Reporting Period.....		
3. Total Receipts (From Line 15).....		
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....		
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19).....		
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)....		
7. Total Loans at the Closing of this Reporting Period.....		
8. Total Unpaid Expenditures at the Closing of this Reporting Period.....		
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8).....		
10. Surplus/Deficit (Subtract Line 9 from Line 6).....		

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Date

Treasurer Signature

Date

¹ Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less. Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.

² An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....			11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....			11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....			11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....			11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....			11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....			11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....			12
13. Public Funds and Other Receipts.....			13
14. Loans.....			14
15. Total Receipts (Add Lines 12 through 14).....			15
DISBURSEMENTS			
16. Expenditures.....			16
17. Loans Repaid or Forgiven.....			17
18. Unpaid Expenditures Paid or Forgiven.....			18
19. Subtotal Disbursements (Add Lines 16 through 18).....			19
20. Unpaid Expenditures.....			20
21. Total Disbursements (Add Lines 19 and 20).....			21

CHECK ONLY ONE BOX
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES
☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

STATE OF HAWAII

CAMPAIGN SPENDING COMMISSION

SCHEDULE A

MONETARY AND NON-MONETARY CONTRIBUTIONS

CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....				
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(ii)).....				

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
EXPENDITURES
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE _____ OF _____

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		
1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....			
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....			

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C
PUBLIC FUNDS AND OTHER RECEIPTS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: _____ PAGE _____ OF _____

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....

2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....

ATTACH A COPY OF THE
EXECUTED LOAN DOCUMENT AT
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

SCHEDULE D
LOANS
CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
1. SUBTOTAL (This Page).....					
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....					
3. TOTAL LOANS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....					
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....					

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: _____

PAGE _____

OF _____

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	

1. SUBTOTAL (This Page).....

2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....

3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....

4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**NOTICE OF INTENT TO HOLD A FUNDRAISER
CANDIDATE COMMITTEE**

Fundraisers in Section 11-203, Hawaii Revised Statutes, "mean any function held for the benefit of a person that is intended or designed, directly or indirectly, to raise funds for political purposes for which the price or suggested contribution for attending the function is more than \$25 per person.

This section requires that "no fundraiser shall be held unless a notice of intent to hold a fundraiser is filed with the Commission **prior** to the date of the function."

Candidate Name: _____ Office Sought: _____

Person in Charge of Fundraiser: _____ Phone: _____

Address of Person in Charge: _____

Date of Fundraiser: _____ Time: _____

Location of Fundraiser: _____

Price or Suggested Contribution Per Person: _____

Will contributions be solicited at the fundraiser? ☐ Yes ☐ No

If yes, method of solicitation: _____

I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

Candidate	Date	Person in Charge	Date
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**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**ACQUISITION OF DURABLE ASSETS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

ACQUISITION OF ASSETS

The purchase or lease of an asset must also be reported as an "Expenditure" on Schedule B.

DATE OF ACQUISITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR DONOR	DESCRIPTION OF ASSET	ACQUISITION COST OR FAIR MARKET VALUE OF ASSET

All Durable Assets must be reported until all assets have been sold or disposed of accordingly.

**INSTRUCTIONS FOR COMPLETING THE
"ACQUISITION OF DURABLE ASSETS" FORM**

The "Acquisition of Durable Assets" Form is to be used to report the acquisition of durable assets. Generally, non-consumable supplies and equipment, defined by the department of accounting and general services to have a purchase value of at least \$250 and a useful life of twelve months or more, are to be reported in each subsequent reporting period as an asset of the campaign.

A completed "Acquisition of Durable Assets" Form must be filed with every report until the asset has been liquidated. Assets that are purchased or leased must also be reported as an "Expenditure" on Schedule B.

Acquisition Of Durable Assets

Date of Acquisition - Enter the date that the asset was purchased, leased or donated.

Full Name, Street Address, City, State and Zipcode of Vendor or Donor - Enter information for the vendor or donor, whichever is applicable.

Description of Asset - Enter a description of the asset.

Acquisition Cost or Value of Asset - Enter the acquisition cost or value of the asset. The fair market value is to be reported when an asset is donated to the campaign in the form of a nonmonetary contribution. For each subsequent reporting period, the asset should be reported at its initial cost or value.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**DISPOSITION OF DURABLE ASSETS
CANDIDATE COMMITTEE**

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

DISPOSITION OF ASSETS

The **sale** of an asset must also be reported as an "Other Receipt" on Schedule C.

DATE OF DISPOSITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF ENTITY ACQUIRING THE ASSET	DESCRIPTION OF ASSET	SALE PRICE OR FAIR MARKET VALUE OF ASSET	METHOD OF DISPOSITION
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN

**INSTRUCTIONS FOR COMPLETING THE
"DISPOSITION OF DURABLE ASSETS" FORM**

Disposition Of Durable Assets

Date of Disposition - Enter the date that the asset was sold, disposed, donated or traded-in.

Full Name, Street Address, City, State and Zipcode of Entity Acquiring the Asset - Enter the information for the entity acquiring the asset.

Description of Asset - Enter a description of the asset.

Sale Price or Fair Market Value of Asset - Enter the sale price or fair market value of the asset. The reporting of asset sales is on a straight cash basis. Where the asset is disposed in a manner other than a sale, such as a donation to a charitable or community organization, a fair market value should be used to determine the value of the donation.

Method of Disposition - The form provides four options for you to choose from in determining your method of disposition. Select one option by checking the appropriate box. If an asset is sold, the asset must also be reported as an "Other Receipt" on Schedule C.

Assets that are liquidated to pay off or settle debts (Loans or Unpaid Expenditures) must be assessed at the fair market value.

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**LATE CONTRIBUTIONS REPORT
CANDIDATE COMMITTEE**

The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION		

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

REQUEST FOR REGISTRATION TERMINATION

I (We) _____, hereby notify the
Print Name of Candidate, Noncandidate Committee or State and County Contractor

Campaign Spending Commission ("Commission") of (my) (our) desire to terminate registration with the Commission for the following reasons:

1. (I) (We) will no longer be receiving any contributions or making any expenditures reportable to the Commission under law;
2. The balance of (my) (our) campaign fund is zero. (No Surplus);
3. There are no unpaid expenditures to be paid. (No Deficit);
4. There are no outstanding loans from others to be paid by the Candidate Committee. (No Deficit);
5. There are personal outstanding loans owed to myself (candidate) and I do not wish to be reimbursed by the Candidate Committee. The outstanding loans by myself (candidate) should be considered as a non-reimbursable contribution to my Candidate Committee.

I hereby certify that the information on this report is true, correct and complete statements to the best of my knowledge.

Signature of Candidate, Committee Chairperson of Noncandidate Committee or
State and County Contractor

Date

FOR OFFICE USE ONLY

Reviewed and Approved By

Date